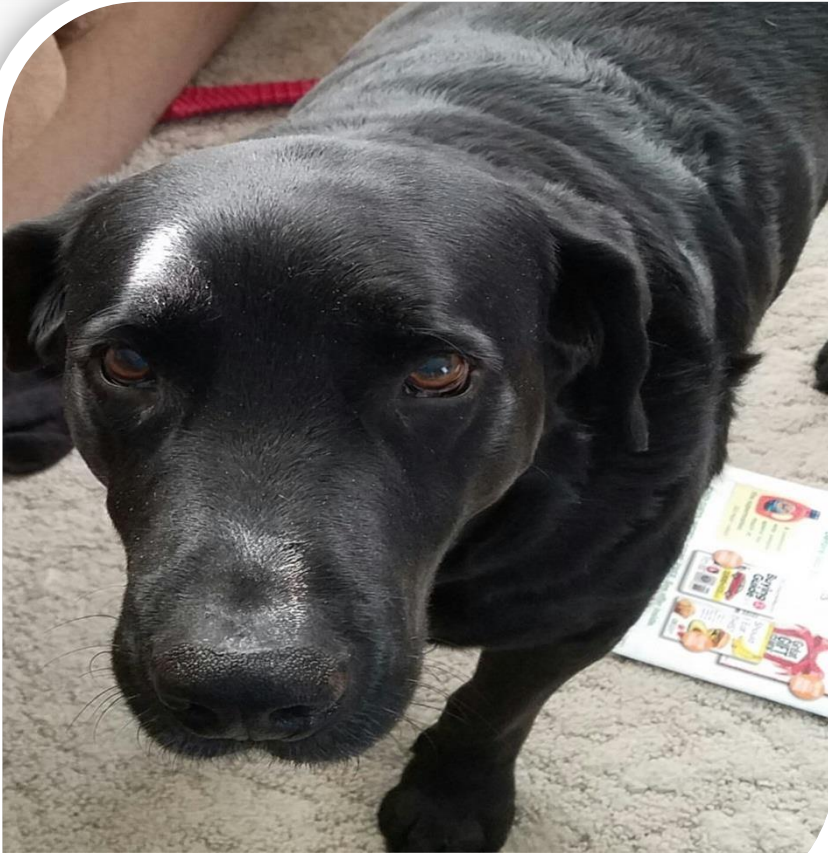




Requirements, Say What? Vaccine Requirements for Childcare and Schools.

Laura L Baus BS, MHA,MSHS
Assessment Coordinator
Montana Immunization Program
2017 Immunization Regional Workshops

Objectives



- Explain the importance of childcare, preschool/school immunizations and maintaining high immunization rates.
- Discuss school and childcare immunization requirements.
- Review childcare and school immunization rates.

Definitions

- **Child Care**

- Care for children by an adult for daily periods of less than 24 hours, whether that care is for daytime or nighttime hours.

- **Preschool**

- A place or facility that provides on a regular basis educational instruction for children 5 years or younger and:
 - Serve no child younger than 5 for 3 hours a day; and
 - Serves no child 5 years of age for more than 6 hours a day.

- **School**

- A place or institution for teaching individuals, the curriculum of which is composed of the work of:
 - Any combination of pre kindergarten through grade 12

Definitions

- **Advisory Committee on Immunization Practices (ACIP)**
 - Medical and public health experts who develop recommendations for use of vaccines
- **Statutes or codes**
 - Laws that are written by the state legislature
- **Administrative Rules of Montana**
 - Primary purpose is to elaborate on the requirements of the statutes.
 - Rules further define the law.

Definitions

- Healthy People 2020
 - A science based 10-year national objective for improving the health of all Americans.
 - Several objectives are about immunizations
 - Objective IID-10 sets a target of 95% coverage for each childhood vaccine in a child care or school setting.

www.healthypeople.gov/2020/topics-objectives/topic/immunization-andinfectious-disease/objectives

MCA 20-5-408. Enforcement

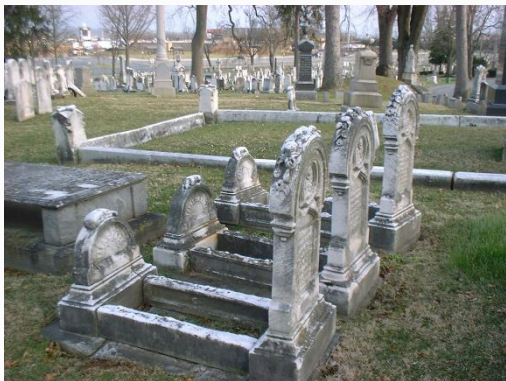
(2) Each governing authority shall file a written report on the immunization status of all pupils under its jurisdiction with the department and the local health department at times and on forms prescribed by the department.

Summary of ARM 37.114.720

- **REPORT OF IMMUNIZATION STATUS**
 - (1) A report on immunizations status of the pupils in every school must be sent each year to the State on a form provided by the state.
 - (2) Report must include the immunization status of all pupils and must be submitted by December 1 of each school year.
 - (3) A copy of the report must be sent concurrently from the school to the local health department.
 - (4) The school must keep a record of any change in the immunization status of a pupil from that stated on the report.

Why Do We Need Immunizations?

"One in eight children at risk for measles, analysis shows: Under vaccination leaves nearly 9 million vulnerable to contagious disease." ScienceDaily. ScienceDaily, 8 October 2015.
<www.sciencedaily.com/releases/2015/10/151008142235.htm>.



**Washington state mumps outbreak
nears 300 cases
January 27, 2017**



**Serogroup B Meningococcal Disease
Outbreaks on U.S. College Campuses**

Measles outbreak in Arizona is biggest of season so far

By Susan Scutti, CNN

Updated 1:22 PM ET, Mon July 11, 2016

**WHO warns of measles outbreak across Europe,
over 500 cases. BBC March 28, 2017**

What Makes Childcare and School Immunizations So Important



Children in child
care, preschool,
school can infect:



Communicable Disease in Montana Involving Schools or Childcare 2016

- 27 mumps cases in two separate outbreaks related to travel outside U.S.
- Chickenpox outbreak in K-8 school, 75% unvaccinated.

What are Childcare and School Immunization Rules?

- Students attending preschool/school and child care must comply with Montana school and childcare immunization requirements to protect against diseases.
- Children must be vaccinated against certain vaccine preventable diseases at ages and intervals according to the Administrative Rule of Montana.
- Montana school and childcare immunization requirements refer to the most current Advisory Committee on Immunization Practices.

Advisory Committee on Immunization Practices (ACIP)

Group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the US among the civilian population.



www.cdc.gov/vaccines/acip/about.html

What does ACIP Consider When They Develop the Immunization Schedule

- Safety and effectiveness of the vaccine when given at specific ages.
- Severity of the disease.
- The number of children who get the disease if there is no vaccine.
- How well a vaccine works for children of different ages.

<https://www.cdc.gov/vaccines/hcp/conversations/downloads/vacsafe-acip-color-office.pdf>

What ACIP Recommendations Do for Montana?

- Increase public protection by:
 - Preventing infectious diseases
 - Providing a set schedule that **standardized best clinical practices for all providers**



ARM

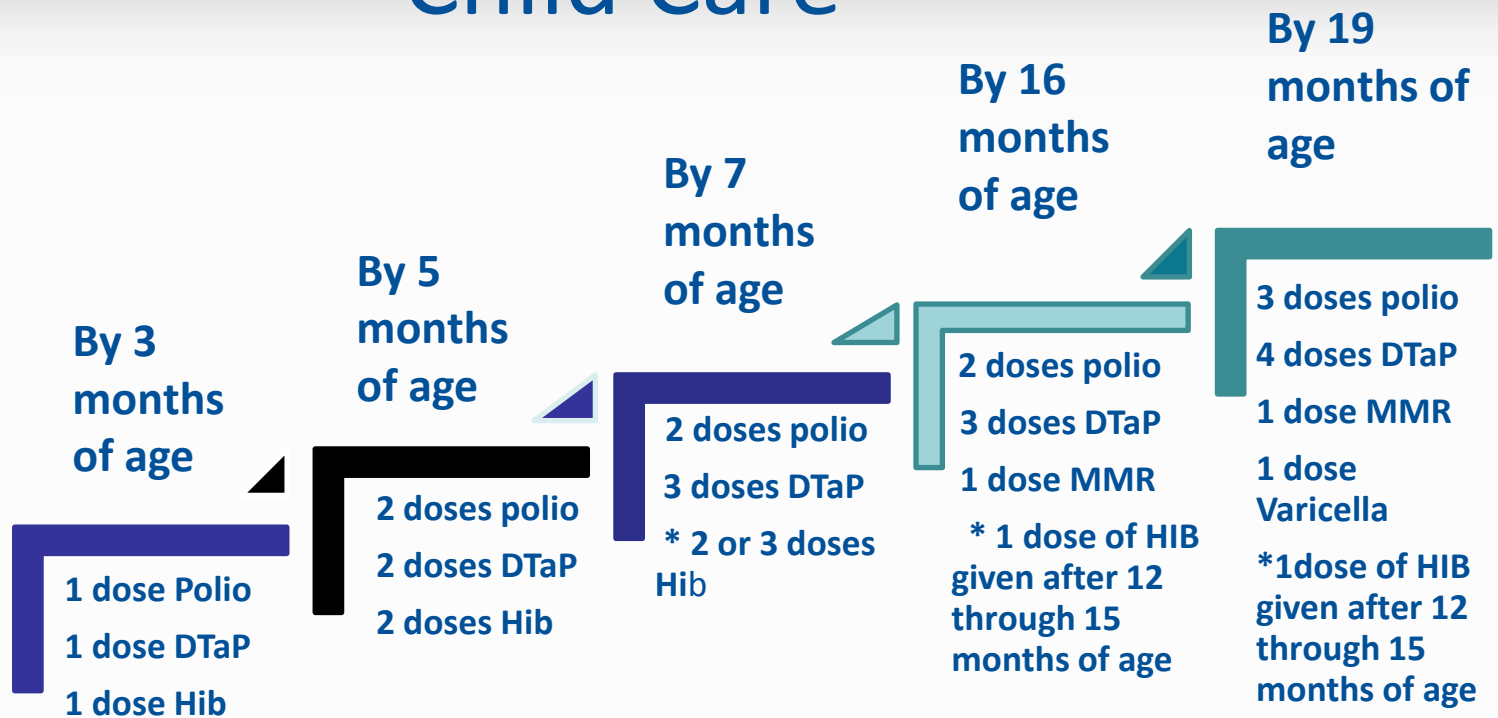
37.95.140

**Immunization
Requirements for
Day Care Facilities**

RULES

STATUTES

Required Immunizations for Montana Child Care



* Varies on vaccine type used

2015 Child Care Assessment

- 985 registered child care facilities
- 648 facilities were reviewed
 - 18,734 records were reviewed
 - 17,419 records were up to date on required vaccines
 - 93% of children were up to date
- 234 children had no immunization record on file
- 43 children had medical exemptions
- 20 children had religious exemption for Hib vaccine
- 148 children had a conditional attendance

2016 Child Care Assessment

- 962 register child care facilities
- 625 facilities reviewed
 - 18,495 records were reviewed
 - 17,523 records were up to date
 - 95 % of children were up to date
- 182 children had no immunization record
- 50 children had a medical exemption
- 23 children had a religious exemption to Hib vaccine
- 112 children had a conditional attendance

HES-114 Religious Exemption for Hib Vaccine Child Care

**AFFIDAVIT of EXEMPTION FROM ADMINISTRATION of
HAEMOPHILUS INFLUENZAE TYPE b (Hib) on RELIGIOUS
GROUNDS FROM MONTANA
DAYCARE IMMUNIZATION RULES**

Child's full name Birth Date Age Sex

Daycare Facility _____

Name of parent, guardian, or other person responsible for child's care and custody: _____

Street address and city: _____

Telephone: (home) _____ (work) _____

I, the undersigned, swear or affirm that immunization against *Haemophilus influenzae* type b (Hib) is contrary to my religious tenets and practices.

I also understand that:

(1) I am subject to the penalty for false swearing if I falsely claim a religious exemption for the above-named student [i.e. a fine of up to \$500, up to 6 months in jail, or both (Sec. 45-7-202, MCA)];

(2) In the event of an outbreak of the *Haemophilus influenzae* type b (Hib) disease listed above, the above-exempted child may be excluded from the daycare by the local health officer or the Department of Public Health and Human Services until the child is no longer at risk for contracting or transmitting that disease; and

(3) A new affidavit of exemption for the above child must be signed, sworn to, and notarized yearly and kept together with the State of Montana Certificate of Immunization (HES-101) in the day care's records.

Signature of parent, guardian, or other person
responsible for the above child's care and
custody

Date

Subscribed and sworn to before me this _____ day of _____, _____.

SEAL

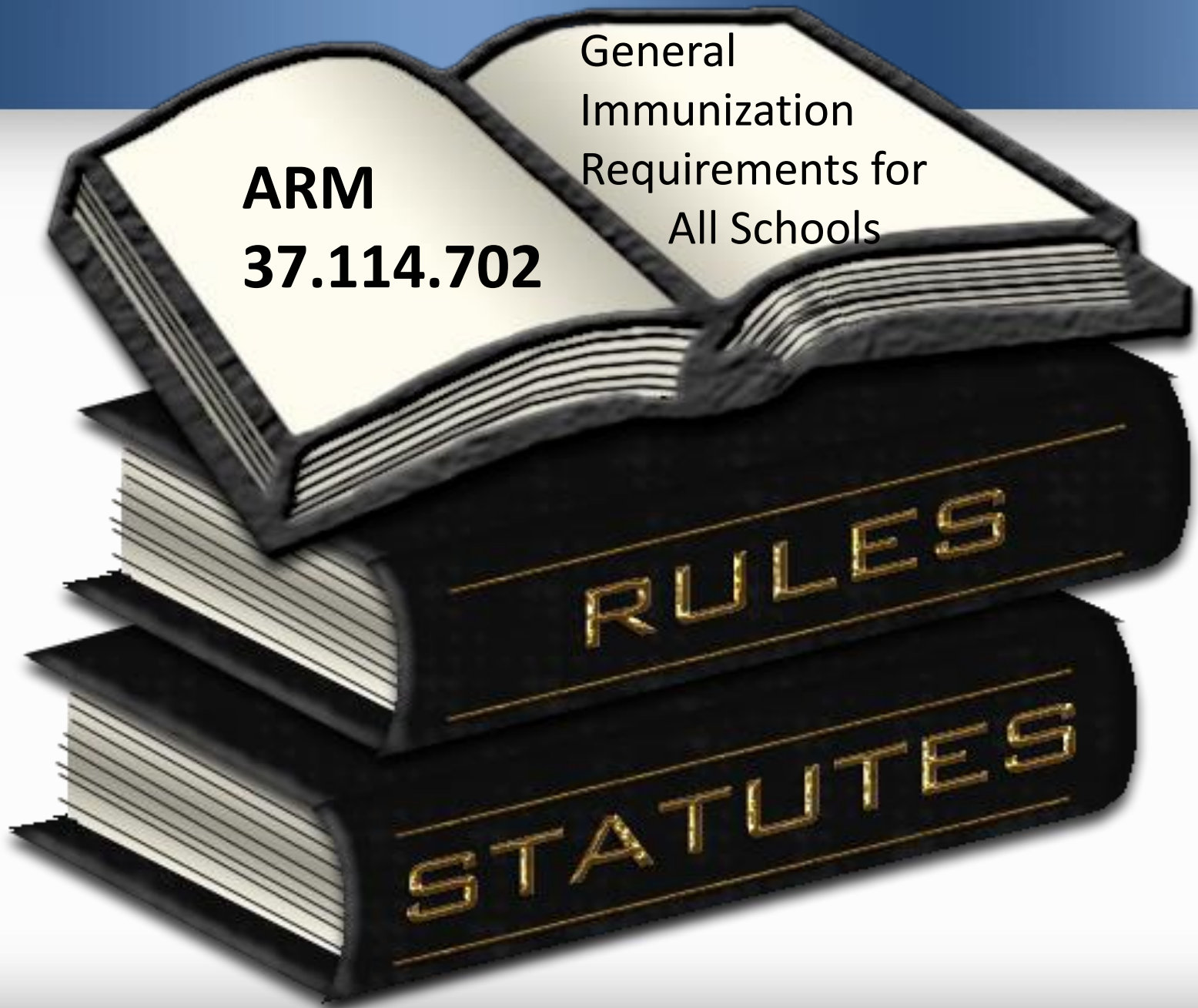
Notary Public for the State of Montana
Residing in _____
My commission expires _____

Mako's Retirement Party



ARM
37.114.702

General
Immunization
Requirements for
All Schools



Vaccines Required for School Attendance, Preschool -12th Grade

VACCINE	PRESCHOOL ¹	KINDERGARTEN - 12 TH GRADE
Haemophilus influenza Type B (Hib)	1 dose (given on or after the 1 st birthday, unless child is older than 59 months) ²	None Needed
Diphtheria, Tetanus, and Pertussis (DTaP, DT, Td, Tdap)	4 doses	4 doses (one dose must be given on or after 4 th birthday) ^{3,4} Plus 1 dose of Tdap (prior to entering 7 th grade) ⁵
Polio (IPV or OPV)	3 doses	3 doses (one dose must be given on or after 4 th birthday)
Measles, Mumps, and Rubella (MMR)	1 dose (dose must be given on or after 1 st birthday)	2 doses (first dose must be given on or after 1 st birthday, and spacing between doses is 4 weeks)
Varicella "chickenpox" (Var)	1 dose (dose must be given on or after 1 st birthday) ⁶	2 doses (first dose must be given on or after 1 st birthday, spacing between doses is 12 weeks for children under 13 years, and 4 weeks for those 13 years and older) ^{5,6}

¹Per MCA 20-5-402 a preschool is defined as a facility that provides, on a regular basis and as its primary purpose, educational instruction designed for children 5 years of age or younger and that: (a) serves no child under 5 years of age for more than 3 hours a day; and (b) serves no child 5 years of age for more than 6 hours a day.

²Hib vaccine is not recommended for children older than 59 months.

³DT vaccine administered to pupils less than seven years of age is acceptable only if accompanied by a medical exemption that exempts the pupil from pertussis vaccination per ARM 37.114.705.

⁴A pupil 7 years or older who has not completed the DTaP requirement must receive additional doses of Td/Tdap vaccine to reach a minimum of 3 doses of any combination of DTaP, Td, Tdap or DTP per ARM 37.114.705.

⁵While it is not recommended, if a child younger than 13 years receives their second dose of varicella at an interval of 4 weeks or longer, the dose does **not** need to be repeated.

⁶As of October 1, 2015 pupils are required to have varicella vaccine and all pupils 7th-12th grade must have a Tdap vaccine.

Note: A four day grace period may apply, as appropriate, per the Advisory Committee on Immunization Practice (ACIP) recommendations.

Haemophilus Influenza type B (Hib)

One dose after the 1st birthday. Required for pre-school only.

- Exception

If child is older than 59 months Hib vaccine is not recommended.

Diphtheria, Tetanus, acellular Pertussis (DTaP)

4 doses with one dose given on or after 4th birthday.

- Exception

5 doses will be required if all four doses given before the 4th birthday.

Tetanus, Diphtheria, acellular Pertussis (Tdap)

1 dose required for 7-12th grade IF students are 11 years of age or older.

- Exception

Tdap given between 7-10 years of age counts for the 7th grade requirement.

Polio (IPV or OPV)

3 doses with one dose given on or after 4th birthday

- Exception

4 doses of polio will be required if all three doses given before 4th birthday

Measles, Mumps, Rubella (MMR)

Preschool requires 1 dose

K-12 requires 2 doses

- Please remember

Dose 1 given ≥ 1 year of age

≥ 4 weeks separate the 2 doses

Varicella (Chickenpox)

Preschool requires 1 dose

K-12 requires 2 doses

- Please remember

Dose 1 given ≥ 1 year of age

≥ 4 weeks separate the 2 doses

2 Ways to Document Immunity :

Varicella Disease

A blue downward-pointing arrow with a 3D effect, containing the text 'Option 1' in white.

Option 1

- Diagnosis or verification of a history to varicella disease or herpes zoster (shingles) by a healthcare provider (MD, DO, NP, PA)

A blue downward-pointing arrow with a 3D effect, containing the text 'Option 2' in white.

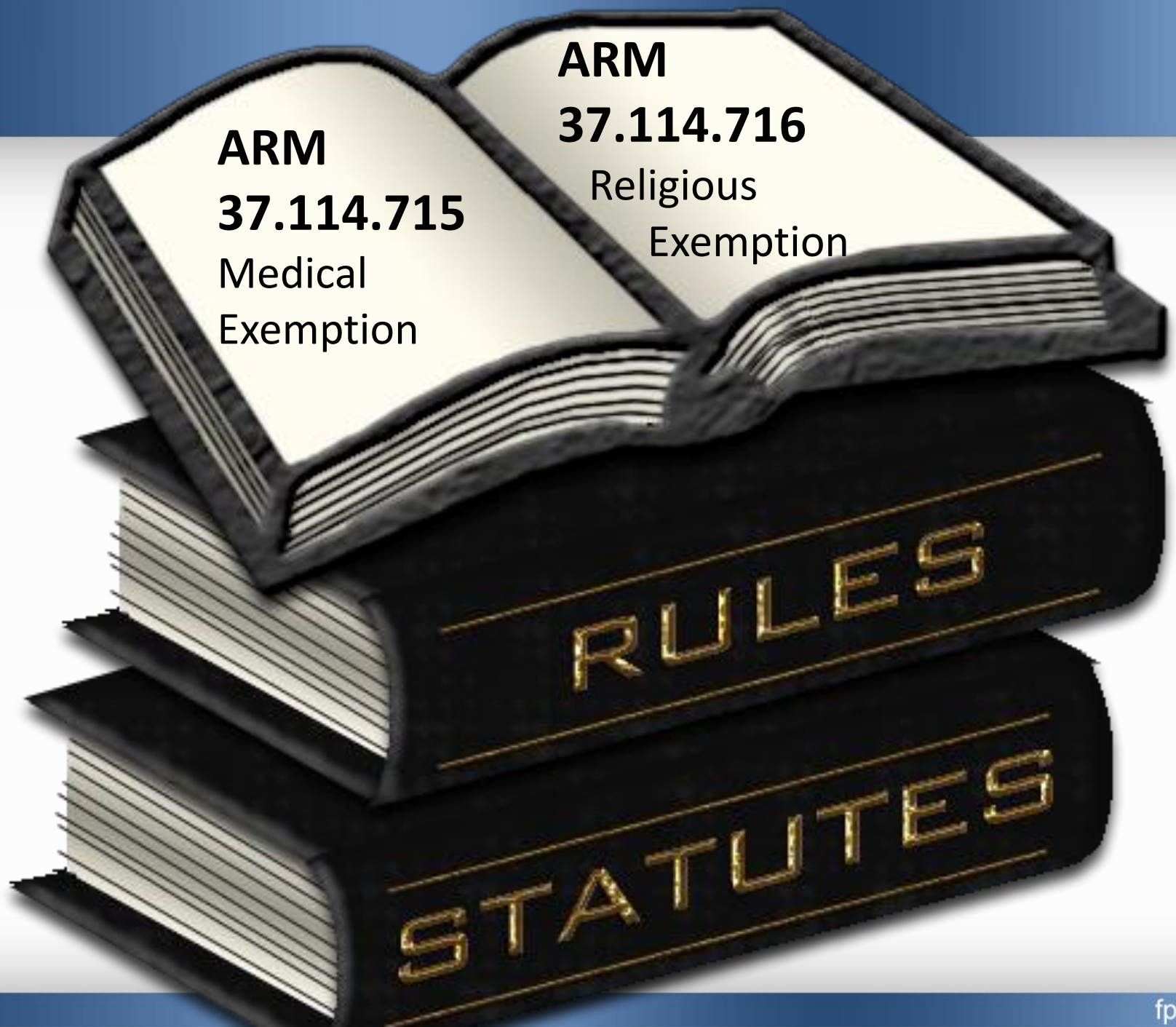
Option 2

- Blood test showing titer for immunity
- A nurse may sign the document if they have the laboratory confirmation report.

4 Day Grace Period

- Vaccines given **4 days or less** before the minimum interval or age are valid. **EXCEPT** for the 28 day interval for MMR and varicella.
- Example:
 - MMR vaccine given **3 days** before 12 months of age is valid.
 - MMR vaccine given **5 days** before 12 months of age is **invalid** and must be repeated.





ARM

37.114.715

Medical
Exemption

ARM

37.114.716

Religious
Exemption

RULES

STATUTES

ARM 37.114.715 Medical Exemptions

Montana Department of Public Health and Human Services (DPHHS)
Communicable Disease Control and Prevention Bureau • Immunization Program

Medical Exemption Statement

Physician: Please mark the contraindications/precautions that apply to this patient, then sign and date the back of the form. The signed Medical Exemption Statement verifying true contraindications/precautions is submitted to and accepted by schools, childcare facilities, and other agencies that require proof of immunization. For medical exemptions for conditions not listed below, please note the vaccine(s) that is contraindicated and a description of the medical condition in the space provided at the end of the form. The State Medical Officer may request to review medical exemptions.

Attach a copy of the most current immunization record

Name of patient _____ DOB _____
Name of parent/guardian _____
Address (patient/parent) _____
School/child care facility _____

For official use only:

☐ Check if reviewed by public health Name/credentials of reviewer: _____ Date of review: _____

Medical contraindications for immunizations are determined by the most recent General Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, published in the Centers for Disease Control and Prevention's publication, the Morbidity and Mortality Weekly Report.

A **contraindication** is a condition in a recipient that increases the risk for a serious adverse reaction. A vaccine will not be administered when a contraindication exists.

A **precaution** is a condition in a recipient that might increase the risk for a serious adverse reaction or that might compromise the ability of the vaccine to produce immunity. Under normal conditions, vaccinations should be deferred when a precaution is present.

Contraindications and Precautions

Vaccine	X
Hepatitis B (not currently required by Administrative Rule of Montana [ARM])	<input type="checkbox"/> Contraindications <ul style="list-style-type: none"> • Serious allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or vaccine component <input type="checkbox"/> Precautions <ul style="list-style-type: none"> • Moderate or severe acute illness with or without fever
DTaP	<input type="checkbox"/> Contraindications <ul style="list-style-type: none"> • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Encephalopathy within 7 days after receiving previous dose of DTP or DTaP <input type="checkbox"/> Precautions <ul style="list-style-type: none"> • Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy; defer DTaP until neurological status has clarified and stabilized • Fever $\geq 40.5^{\circ}\text{C}$ (105°F) within 48 hours after vaccination with previous dose of DTP or DTaP • Guillain-Barre' syndrome ≤ 6 weeks after a previous dose of tetanus toxoid-containing vaccine • Seizure ≤ 3 days after vaccination with previous dose of DTP or DTaP • Persistent, inconsolable crying lasting ≥ 3 hours within 48 hours after vaccination with previous dose of DTP/DTaP • History of <i>anaphylaxis</i>-type hypersensitivity reactions after a previous dose of tetanus toxoid-containing vaccine • Moderate or severe acute illness with or without fever
DT, Td	<input type="checkbox"/> Contraindications <ul style="list-style-type: none"> • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Precautions <ul style="list-style-type: none"> • Moderate or severe acute illness with or without fever
Tdap	<input type="checkbox"/> Contraindications <ul style="list-style-type: none"> • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Precautions <ul style="list-style-type: none"> • Pregnancy • Moderate or severe acute illness with or without fever
IPV	<input type="checkbox"/> Contraindications <ul style="list-style-type: none"> • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Precautions <ul style="list-style-type: none"> • Pregnancy • Moderate or severe acute illness with or without fever

Vaccine	X
PCV (not currently required by ARM)	<input type="checkbox"/> Contraindications <ul style="list-style-type: none"> • Severe allergic reaction (e.g., anaphylaxis) after a previous dose (of PCV7, PCV13, or any diphtheria toxoid-containing vaccine) or to a component of a vaccine (PCV7, PCV13, or any diphtheria toxoid-containing vaccine) <input type="checkbox"/> Precautions <ul style="list-style-type: none"> • Moderate or severe acute illness with or without fever
Hib	<input type="checkbox"/> Contraindications <ul style="list-style-type: none"> • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Age < 6 weeks <input type="checkbox"/> Precautions <ul style="list-style-type: none"> • Moderate or severe acute illness with or without fever
MMR	<input type="checkbox"/> Contraindications <ul style="list-style-type: none"> • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Known severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy, or patients with HIV infection who are severely immunocompromised) • Pregnancy <input type="checkbox"/> Precautions <ul style="list-style-type: none"> • Recent (< 11 months) receipt of antibody-containing blood product (specific interval depends on the product) • History of thrombocytopenia or thrombocytopenic purpura • Need for tuberculin skin testing • Moderate or severe acute illness with or without fever
Varicella	<input type="checkbox"/> Contraindications <ul style="list-style-type: none"> • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Known severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy, or patients with HIV infection who are severely immunocompromised) • Pregnancy <input type="checkbox"/> Precautions <ul style="list-style-type: none"> • Recent (< 11 months) receipt of antibody-containing blood products (interval depends on product) • Moderate or severe acute illness with or without fever

For medical conditions not listed, please note the vaccine(s) that is contraindicated and a description of the condition

Name of Student _____
Date Exemption Ends _____

Completing physician's name (please print)
Address _____
Phone _____

Completing physician's signature (only licensed physicians may sign)

Montana Code Annotated
20-5-101-410: Montana Immunization Law
52-2-735: Daycare certification

Instructions

Purpose: To provide Montana physicians with a mechanism to document true medical exemptions to vaccinations

Preparation: 1. Complete patient information (name, DOB, address, and school/childcare facility)
2. Check applicable vaccine(s) and exemption(s)
3. Complete date exemption ends and physician information
4. Attach a copy of the most current immunization record
5. Retain a copy for file
6. **Return original to person requesting form**

Reorder: Immunization Program
1400 Broadway, Room C-211
Helena, MT 59620
(406) 444-5580
<http://www.dphhs.mt.gov/publichealth/immunization/>

Questions? Call (406) 444-5580

Administrative Rules of Montana

37.114.701-721: Immunization of K-12, Preschool, and Post-secondary schools
37.95.140: Daycare Center Immunizations, Group Daycare Homes, Family Day Care Homes



ARM 37.114.716 Religious Exemption

AFFIDAVIT OF EXEMPTION ON RELIGIOUS GROUNDS FROM MONTANA SCHOOL IMMUNIZATION LAW AND RULES

Student's Full Name _____ Birth Date _____ Age _____ Sex _____

School: _____

If student is under 18, name of parent, guardian, or other person responsible for student's care and custody: _____

Street address and city: _____

Telephone: _____

I, the undersigned, swear or affirm that immunization against

- | | |
|--|---|
| <input type="checkbox"/> Diphtheria, Pertussis, Tetanus (DTaP, DT, Tdap) | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Measles, Mumps and Rubella (MMR) | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Haemophilus influenzae Type b (Hib) | |

is contrary to my religious tenets and practices.

I also understand that:

- (1) I am subject to the penalty for false swearing if I falsely claim a religious exemption for the above-named student [i.e. a fine of up to \$500, up to 6 months in jail, or both (Sec. 45-7-202, MCA)];
- (2) In the event of an outbreak of one of the diseases listed above, the above-exempted student may be excluded from school by the local health officer or the Department of Public Health and Human Services until the student is no longer at risk for contracting or transmitting that disease; and
- (3) A new affidavit of exemption for the above student must be signed, sworn to, and notarized yearly, before the start of the school year and kept together with the State of Montana Certificate of Immunization (HES-101) in the school's records.

Signature of parent, guardian, or other person
responsible for the above student's care and
custody, or of the student, if 18 or older.

Date

Subscribed and sworn to before me this _____ day of _____, _____.

Seal

Signature: Notary Public for the State of Montana

Print Name: Notary Public for the State of Montana

Residing in _____
My commission expires _____

ARM 37.114.710 Conditional Attendance

**MONTANA CHILD CARE AND SCHOOL
CONDITIONAL ATTENDANCE FORM**
MONTANA CHILD CARE AND SCHOOL IMMUNIZATION LAWS
Child Care Facility Rules, Revised Sept 1, 2006 (ARM 37.95.106 through 37.95.214)
Montana School Immunization Law (MCA 20-5-402 through 410)
School Immunization Rules, Revised October 1, 2015 (ARM 37.114.701 through 37.114.721)

I. This section to be filled out by child care or school official.

Child/Pupil Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

I certify the above named child/pupil has received at least one or more doses of the required vaccine(s) and legally is eligible for conditional attendance at this time. Child/Pupil will remain in a conditional attendance status for each of the required immunizations until they have completed the child care/school immunization requirements and remain compliant with the schedule listed below.

Signature (Child Care or School Official): _____ Date: _____

II. This section to be filled out by physician/health department official.
Please enter the information related to the next vaccine dose(s) due, by vaccine type and date in the spaces below.

<u>VACCINE TYPE(S) NEEDED</u>	<u>DOSES DUE/EXCLUSION DATE</u>
Example: MMR, Polio	12/2012
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that I have established an immunization schedule for the required vaccine(s) for the above named child/pupil and the schedule follows the minimum intervals set by ACIP (Advisory Committee on Immunizations Practices) to bring this child up-to-date according to the child care or school requirements.

Signature (Physician/Health Dept Official): _____ Date: _____

III. This section to be signed by parent/guardian.
I understand that my child is allowed to attend child care or school on a conditional basis and agree to have my child vaccinated, meeting the above deadlines. I also understand that due to Montana Law and Administrative Rule my child will not be allowed to attend child care/school in Montana if I do not agree to this condition and provide the required documentation within the required deadlines.

Signature (Parent/Guardian): _____ Date: _____

A child/pupil may be allowed to conditionally attend a child care facility or school if he/she has:


1. Received one or more doses of each of the required vaccine(s) and
2. Will continue to receive the remaining doses on the schedule set above by the physician or health department in accordance with the child care or school requirements.

The immunization schedule for completion of the required vaccinations is to be established by a physician or health department documenting the type of vaccine(s) and the date(s) the next dose is due. This is to be documented on this form and on the immunization record card. It is the parent/guardian's responsibility to ensure each vaccine deadline is met and provide documented proof to the child care facility or school.

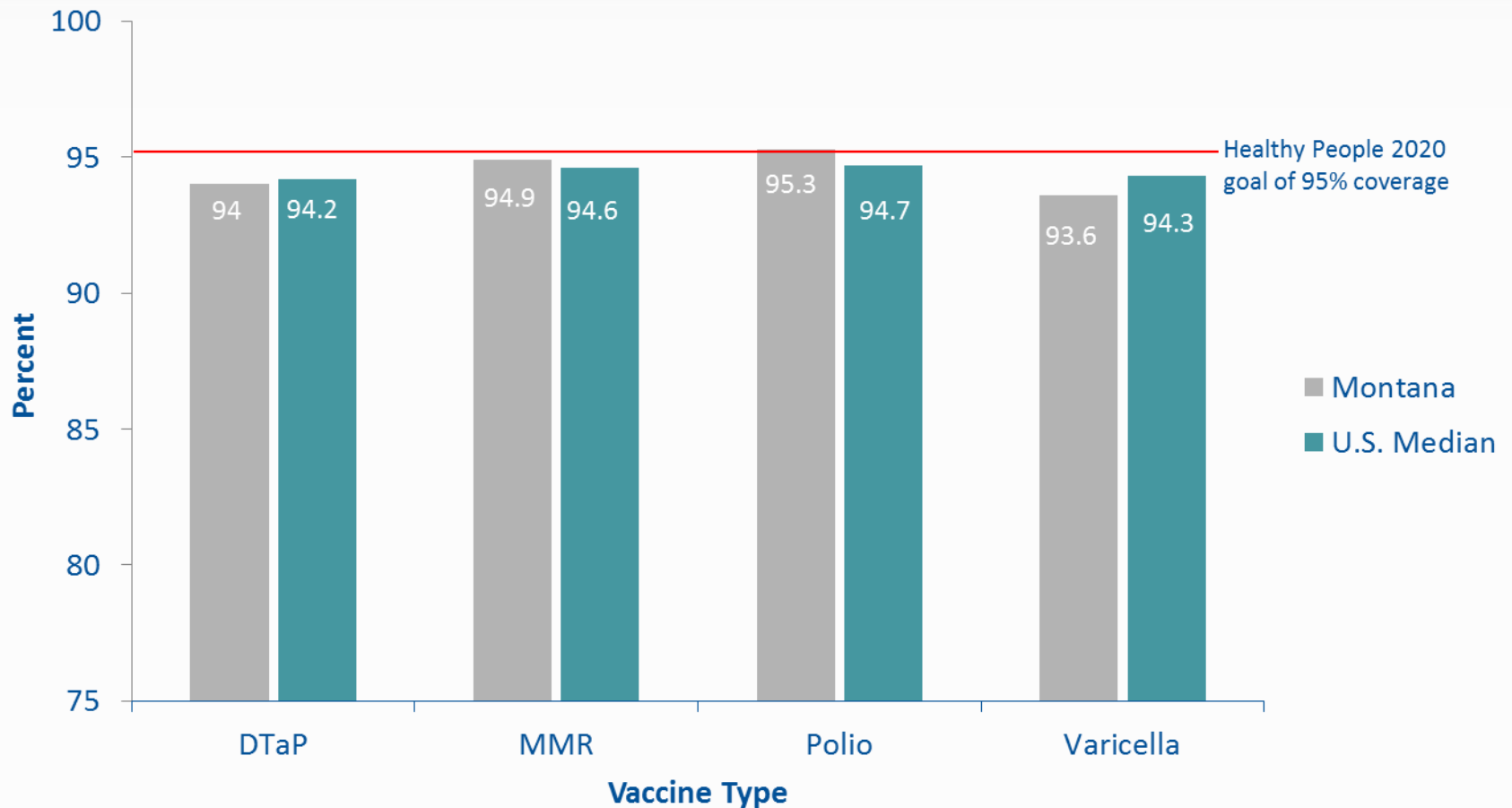
If a child conditionally attending a child care facility or school fails to complete the immunization(s) within the time period indicated, he/she will be immediately excluded from the child care facility or school.

HES 103 (Revised July 2015)

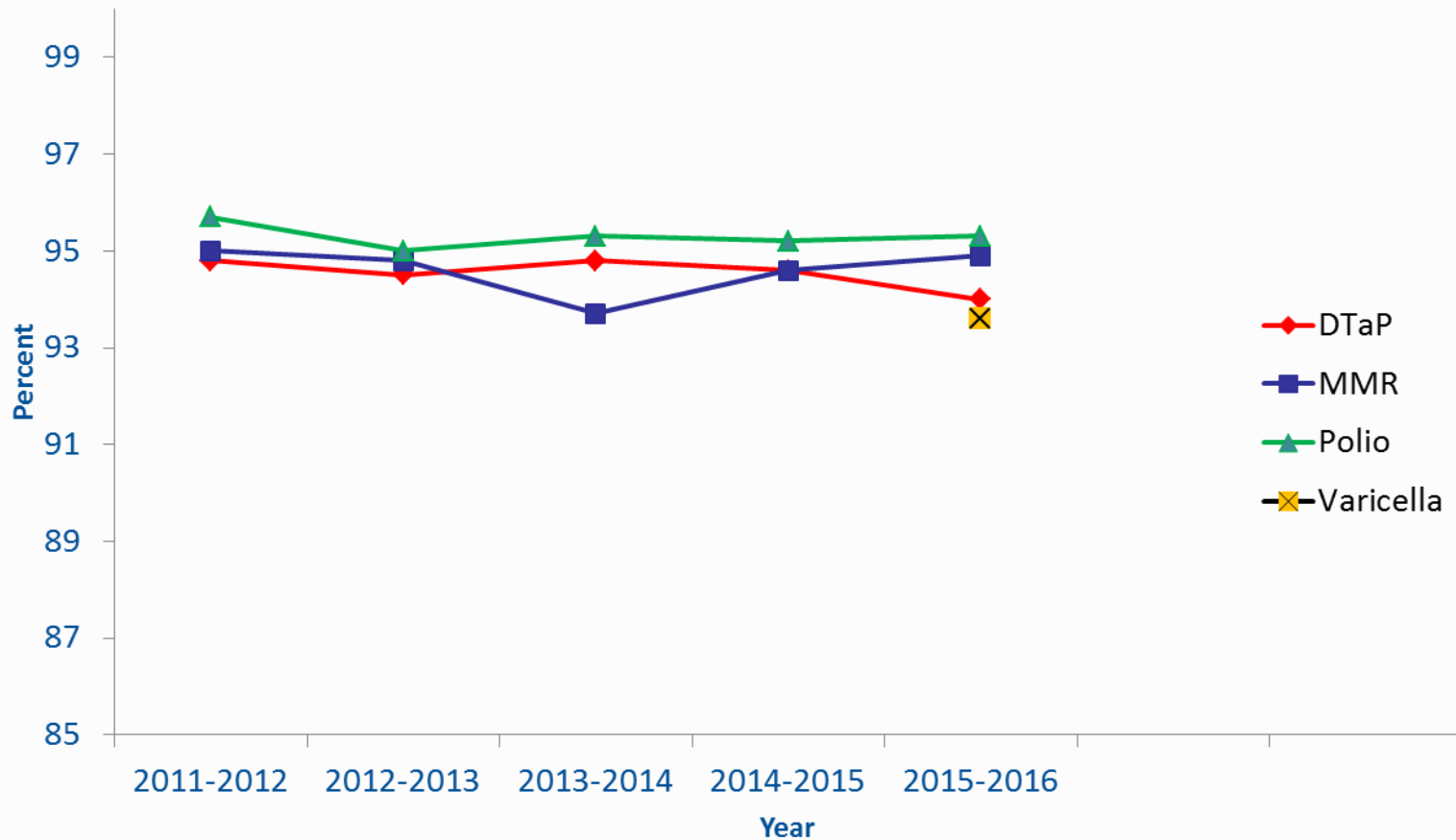
DPHHS-115 Varicella History Documentation

Varicella History Documentation Child Care And School Attendance								
<hr/>								
Child's Name: _____	Date of Birth: _____							
<p>To attend child care, preschool, or kindergarten through twelfth grade in Montana, children must have age appropriate vaccination, proof of immunity to varicella disease through confirmation of history of disease, or an exemption. The purpose of this form is to document immunity to varicella disease due to history of disease in lieu of receiving the vaccine.</p> <p>There are two ways to document immunity to varicella disease through confirmation of history of disease.</p> <ul style="list-style-type: none">• Diagnosis or verification of a history of varicella disease (chickenpox) or herpes zoster (shingles) by a healthcare provider (MD, DO, NP, PA)• Laboratory evidence of immunity or laboratory confirmation of disease <p>I do hereby affirm that this child meets the criteria above and is protected against varicella (chickenpox) disease.</p> <p style="text-align: center;">Date child was diagnosed with varicella disease: _____</p> <p style="text-align: center;">or</p> <p style="text-align: center;">Date of confirmatory laboratory test: _____</p> <table border="0" style="width: 100%;"><tr><td style="width: 50%;"><hr/>Signature of Health Care Provider</td><td style="width: 50%;"><hr/>Date</td></tr><tr><td colspan="2"> <hr/>Print Name</td></tr><tr><td colspan="2"> <hr/>Clinic Name</td></tr></table>			<hr/> Signature of Health Care Provider	<hr/> Date	 <hr/> Print Name		 <hr/> Clinic Name	
<hr/> Signature of Health Care Provider	<hr/> Date							
 <hr/> Print Name								
 <hr/> Clinic Name								

Montana Kindergarten School Assessment 2015-2016

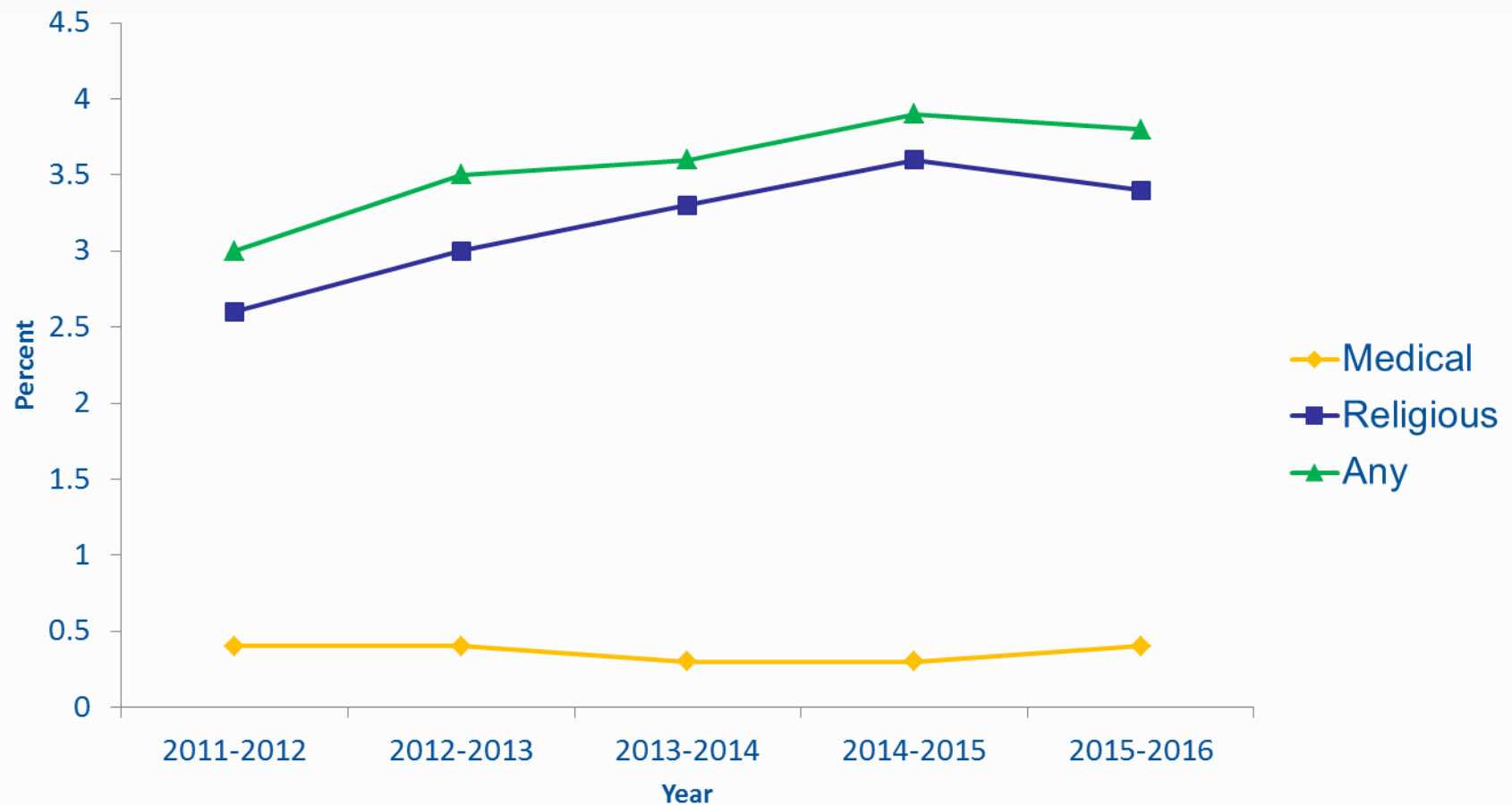


Montana Kindergarten School Assessment 2011-2016

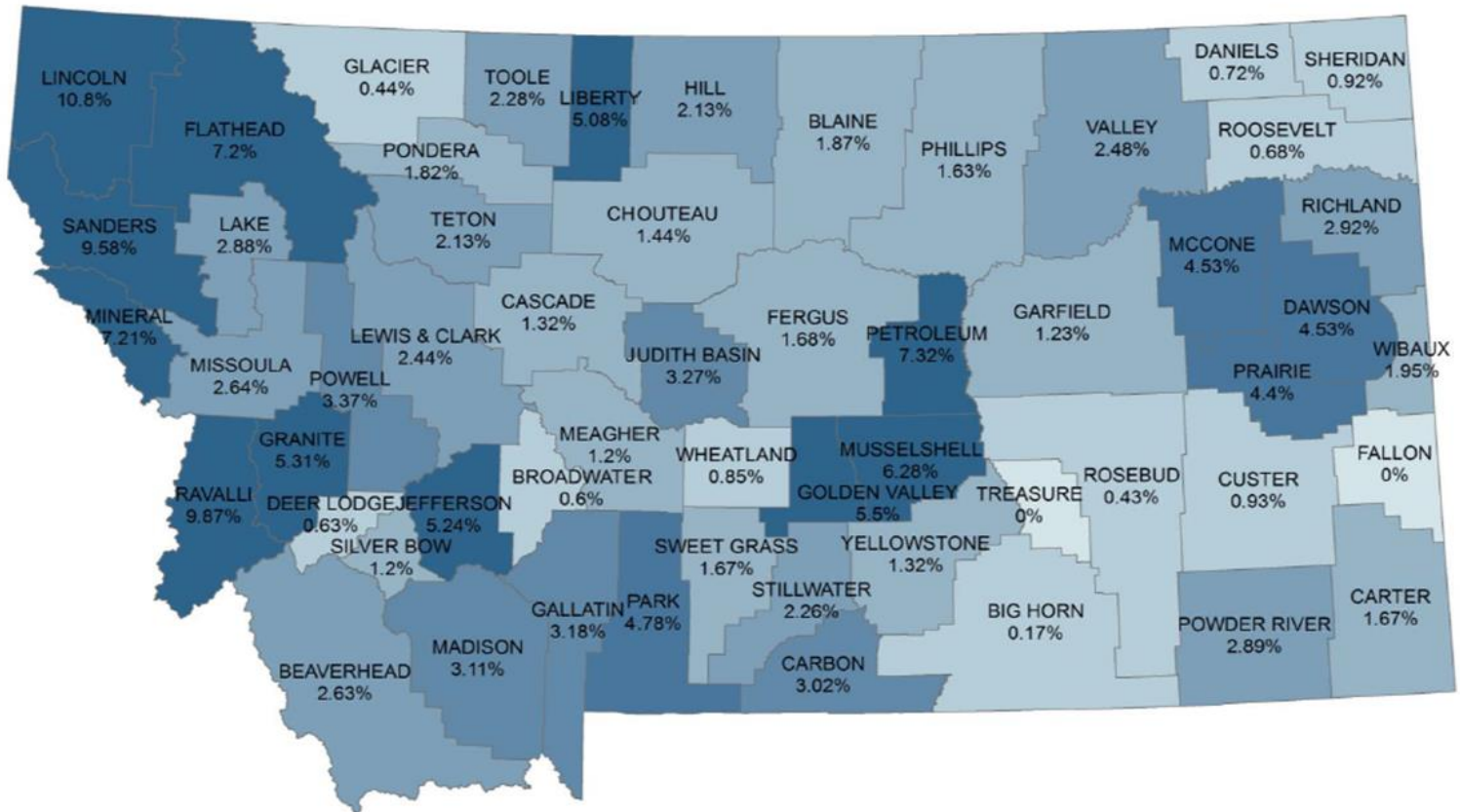


Montana Kindergarten Exemptions

Assessment 2011-2016



Percentage of public and private school students enrolled in pre-k through 12th grade with religious exemptions



Percent with Religious Exemption



Morning After the Party



